

109TH CONGRESS
2D SESSION

H. R. 4683

To provide quality, affordable health care for all Americans.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 1, 2006

Mr. DINGELL (for himself, Mr. STARK, Mr. BROWN of Ohio, Mr. WAXMAN, Mr. RANGEL, Mr. WYNN, Mr. STRICKLAND, Mr. BOUCHER, Ms. BALDWIN, Ms. SCHAKOWSKY, Mr. RUSH, Mr. TOWNS, Mr. ROSS, Mr. MARKEY, Mr. GENE GREEN of Texas, and Mr. ALLEN) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committees on Energy and Commerce and Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To provide quality, affordable health care for all Americans.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Medicare for All Act”.

6 (b) TABLE OF CONTENTS.—The table of contents of
7 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Medicare for all.

“TITLE XXII—MEDICARE FOR ALL

“Sec. 2201. Description of program.

“Sec. 2202. Eligibility, enrollment, and coverage.

“Sec. 2203. Benefits.

“Sec. 2204. Choice of coverage under private health care delivery systems.

“Sec. 2205. Medicare for All Trust Fund.

“Sec. 2206. Administration.

Sec. 3. Financing through employment tax.

1 SEC. 2. MEDICARE FOR ALL.

2 (a) ESTABLISHMENT OF PROGRAM.—The Social Se-
3 curity Act is amended by adding at the end the following:

4 “TITLE XXII—MEDICARE FOR ALL

5 “**SEC. 2201. DESCRIPTION OF PROGRAM.**

6 “The program under this title—

7 “(1) ensures that all Americans have high qual-
8 ity, affordable health care;

9 “(2) ensures that all Americans have access to
10 health care as good as their Member of Congress re-
11 ceives; and

12 “(3) reduces the cost of health care and en-
13 hances American economic competitiveness in the
14 global marketplace.

15 “**SEC. 2202. ELIGIBILITY, ENROLLMENT, AND COVERAGE.**

16 “(a) ELIGIBILITY.—

17 “(1) IN GENERAL.—Each eligible individual is
18 entitled to benefits under the program under this
19 title.

20 “(2) ELIGIBLE INDIVIDUAL.—

1 “(A) IN GENERAL.—For purposes of this
2 title, the term ‘eligible individual’ means an in-
3 dividual who—

4 “(i) is—

5 “(I) a citizen of the United
6 States; or

7 “(II) a person who is lawfully
8 present in the United States; and

9 “(ii) is not eligible for benefits under
10 part A or B of title XVIII.

11 “(B) LAWFULLY PRESENT.—For purposes
12 of subparagraph (A)(i)(II), a person is lawfully
13 present in the United States if such person—

14 “(i) is described in section 431 of
15 Public Law 104–193;

16 “(ii) is described in section 103.12 of
17 title 8, Code of Federal Regulations (as in
18 effect as of the date of enactment of the
19 Medicare for All Act);

20 “(iii) is eligible to apply for employ-
21 ment authorization from the Department
22 of Homeland Security as listed in section
23 274a.12 of title 8, Code of Federal Regula-
24 tions (as in effect as of the date of enact-
25 ment of the Medicare for All Act); or

1 “(iv) is otherwise determined to be
2 lawfully present in the United States under
3 criteria established by the Secretary, in
4 consultation with the Secretary of Home-
5 land Security.

6 “(3) PHASE-IN OF ELIGIBILITY.—Under rules
7 established by the Secretary, eligibility for benefits
8 under this title shall be phased-in as follows:

9 “(A) During the first 5 years the program
10 under this title is in operation, eligible individ-
11 uals who are under 20 years of age or who are
12 over 55 years of age are eligible for such bene-
13 fits.

14 “(B) During the second 5 years the pro-
15 gram under this title is in operation, eligible in-
16 dividuals who are under 30 years of age or who
17 are over 45 years of age are eligible for such
18 benefits.

19 “(C) All eligible individuals are eligible for
20 such benefits beginning with the eleventh year
21 in which the program under this title is in oper-
22 ation.

23 “(b) AUTOMATIC ENROLLMENT.—

24 “(1) IN GENERAL.—The Secretary shall estab-
25 lish a process under which each eligible individual is

1 deemed to be enrolled under the program under this
2 title. Such process shall include the following:

3 “(A) Deemed enrollment of an eligible in-
4 dividual upon birth in the United States.

5 “(B) Enrollment of eligible individuals at
6 the time of immigration into the United States.

7 “(2) ISSUANCE OF CARD.—The Secretary shall
8 provide for issuance of an appropriate card for indi-
9 viduals entitled to benefits under the program under
10 this title. Not later than the sixth year the program
11 under this title is in operation, the Secretary shall
12 ensure that each such card is linked securely, and
13 with strong privacy protections, to an electronic
14 health record for each such individual. In order to
15 accomplish such linkage, the Secretary is authorized
16 to award grants, issue contracts, alter reimburse-
17 ment under the program under this title, or provide
18 such other incentives as are reasonable and nec-
19 essary.

20 “(c) COVERAGE.—

21 “(1) IN GENERAL.—Subject to paragraph (2),
22 the Secretary shall provide for coverage of benefits
23 for items and services furnished on and after the
24 date an individual is entitled to benefits under the
25 program under this title.

1 “(2) INITIAL COVERAGE.—No coverage is avail-
2 able under the program under this title for items
3 and services furnished before the date that is 18
4 months after the date of the enactment of the Medi-
5 care For All Act.

6 “(3) EXPIRATION OF COVERAGE.—An individ-
7 ual’s coverage under the program under this title
8 shall terminate as of the date the individual is no
9 longer an eligible individual.

10 “(d) RELATION TO OTHER PROGRAMS.—

11 “(1) CONSTRUCTION.—

12 “(A) CONTINUED OPERATION OF PUBLIC
13 PROGRAMS.—Nothing in this title shall be con-
14 strued as requiring (or preventing) an indi-
15 vidual who is entitled to benefits under the pro-
16 gram under this title from obtaining benefits
17 under any other public health care program to
18 which the individual is entitled, including under
19 a State Medicaid plan under title XIX, the
20 State Children’s Health Insurance Program
21 under title XXI, a health program of the De-
22 partment of Defense under chapter 55 of title
23 10, United States Code, a health program of
24 the Department of Veterans Affairs under
25 chapter 17 of title 38 of such Code, or a med-

1 ical care program of the Indian Health Service
2 or of a tribal organization. The provisions of
3 section 1928 shall apply to individuals insured
4 for vaccines for individuals under the age of 18.

5 “(B) CONTINUED OPERATION OF PRIVATE
6 HEALTH INSURANCE.—Nothing in this title
7 shall be construed as preventing an individual
8 who is entitled to benefits under the program
9 under this title from obtaining benefits that
10 supplement or improve the benefits available
11 under such program from any private health in-
12 surance plan or policy.

13 “(2) PRIMARY PAYOR; OTHER PUBLIC PRO-
14 GRAMS PROVIDING WRAP AROUND BENEFITS.—The
15 program under this title shall be primary payor to
16 other public health care benefit programs and the
17 benefits under such other public health care benefit
18 programs shall supplement the benefits under the
19 program under this title.

20 **“SEC. 2203. BENEFITS.**

21 “(a) COMPREHENSIVE BENEFIT PACKAGE.—The
22 Secretary shall provide for benefits under the program
23 under this title consistent with the following:

24 “(1) MEDICARE FEE-FOR-SERVICE BENEFITS.—
25 The benefits include the full range and scope of ben-

1 efits available under the original fee-for-service pro-
2 gram under parts A and B of title XVIII.

3 “(2) PRESCRIPTION DRUG COVERAGE.—The
4 benefits include coverage of prescription drugs at
5 least as comprehensive as the prescription drug cov-
6 erage offered as of January 1, 2006, under the Blue
7 Cross/Blue Shield Standard Plan provided under the
8 Federal employees health benefits program under
9 chapter 89 of title 5, United States Code (in this
10 title referred to as ‘FEHBP’). Such coverage shall
11 be administered in the same manner as other bene-
12 fits under this section.

13 “(3) INCLUSION OF EPSDT.—The benefits in-
14 clude benefits for early and periodic screening, diag-
15 nostic, and treatment services (as defined in sections
16 1905(r), 1902(a)(43), and 1905(a)(4)(B)).

17 “(4) PARITY IN COVERAGE OF MENTAL HEALTH
18 BENEFITS.—

19 “(A) IN GENERAL.—There shall not be any
20 treatment limitations or financial requirements
21 with respect to the coverage of benefits for
22 mental illnesses unless comparable treatment
23 limitations or financial requirements are im-
24 posed on medical and surgical benefits. Nothing
25 in this subparagraph shall be construed to re-

1 quire coverage for mental health benefits that
2 are not medically necessary or to prohibit the
3 appropriate medical management of such bene-
4 fits.

5 “(B) RELATED DEFINITIONS.—For pur-
6 poses of this paragraph—

7 “(i) FINANCIAL REQUIREMENTS.—

8 The term ‘financial requirements’ includes
9 deductibles, coinsurance, co-payments,
10 other cost-sharing, and limitations on the
11 total amount that may be paid by an indi-
12 vidual with respect to benefits and shall in-
13 clude the application of annual and lifetime
14 limits.

15 “(ii) MENTAL HEALTH BENEFITS.—

16 The term ‘mental health benefits’ means
17 benefits with respect to services for all cat-
18 egories of mental health conditions listed
19 in the Diagnostic and Statistical Manual of
20 Mental Disorders, Fourth Edition (DSM
21 IV–TR), or the most recent edition if dif-
22 ferent than the Fourth Edition, if such
23 services are included as part of an author-
24 ized treatment plan that is in accordance
25 with standard protocols and such services

1 meet medical necessity criteria. Such term
2 does not include benefits with respect to
3 the treatment of substance abuse or chem-
4 ical dependency.

5 “(iii) TREATMENT LIMITATIONS.—

6 The term ‘treatment limitations’ means
7 limitations on the frequency of treatment,
8 number of visits or days of coverage, or
9 other similar limits on the duration or
10 scope of treatment under the qualifying
11 health benefit plan.

12 “(5) PREVENTIVE SERVICES.—The benefits

13 shall include coverage of such additional preventive
14 health care items and services as the Secretary shall
15 specify, in consultation with the United States Pre-
16 ventive Services Task Force.

17 “(6) HOME AND COMMUNITY BASED SERV-

18 ICES.—The benefits shall include coverage of home
19 and community-based services described in section
20 1915(c)(4)(B).

21 “(7) ADDITIONAL BENEFITS.—The benefits

22 shall include such additional benefits that the Sec-
23 retary determines appropriate.

24 “(8) REVISION.—Nothing in this subsection

25 shall be construed as preventing the Secretary from

1 improving the benefit package from time to time to
2 account for changes in medical practice, new infor-
3 mation from medical research, and other relevant
4 developments in health science.

5 “(9) ADJUSTMENT AUTHORIZED.—The Sec-
6 retary shall, on a regular basis, evaluate whether
7 adding any of the benefits described in paragraphs
8 (1) through (7) is necessary or advisable to promote
9 the health of beneficiaries under the program under
10 title XVIII. The Secretary is authorized to improve
11 the benefits available under such program, based
12 upon such evaluation.

13 “(b) COST-SHARING.—

14 “(1) IN GENERAL.—Except as otherwise pro-
15 vided under this subsection or subsection (a)(4),
16 with respect to the benefits described in subsection
17 (a)(1), such benefits shall be subject to the cost-
18 sharing (in the form of deductibles, coinsurance, and
19 copayments) and premiums applicable under the
20 program described in such subsection.

21 “(2) PRESCRIPTION DRUG COVERAGE.—With
22 respect to the benefits described in subsection (a)(2),
23 such benefits shall be subject to the cost-sharing (in
24 the form of deductibles, coinsurance, and copay-

ments) applicable under the plan described in such subsection.

“(3) TREATMENT OF PREVENTIVE AND ADDITIONAL SERVICES.—With respect to benefits described in paragraphs (5) and (7) of subsection (a), such benefits shall be subject to cost-sharing (in the form of deductibles, coinsurance, and copayments) that is consistent (as determined by the Secretary) with the cost-sharing applicable under paragraph (1).

“(4) TREATMENT OF EPSDT AND HOME AND COMMUNITY-BASED SERVICES.—With respect to benefits described in paragraphs (3) and (6) of subsection (a), such benefits shall be subject to nominal cost-sharing (in the form of deductibles, coinsurance, and copayments) that is consistent (as determined by the Secretary) with the cost-sharing applicable to such services under section 1916 (as in effect on January 1, 2006).

“(5) REDUCTION IN COST-SHARING FOR LOW-INCOME INDIVIDUALS.—The Secretary shall provide for reduced cost-sharing for low-income individuals in a manner that is no less protective than the reduced cost-sharing for individuals under section 1902(a)(10)(E) (as in effect on January 1, 2006).

1 “(c) FREEDOM TO CHOOSE YOUR OWN DOCTOR AND
2 HEALTH PLAN.—Except in the case of individuals who
3 elect enrollment in a private health plan under section
4 2204, the provisions of section 1802 shall apply under this
5 title.

6 “(d) PAYMENT SCHEDULE.—

7 “(1) IN GENERAL.—The Secretary, with the as-
8 sistance of the Medicare Payment Advisory Commis-
9 sion, shall develop and implement a payment sched-
10 ule for benefits covered under the program under
11 this title which are provided other than through pri-
12 vate health plans. To the extent feasible, such pay-
13 ment schedule shall be consistent with comparable
14 payment schedules and reimbursement methodolo-
15 gies applied to benefits provided under parts A and
16 B of title XVIII, except, that with respect to the
17 coverage of prescription drugs, the Secretary shall
18 provide for payment in accordance with a payment
19 schedule developed and implemented under the pre-
20 vious sentence.

21 “(2) ADDITIONAL PAYMENTS FOR QUALITY.—

22 The Secretary shall establish procedures to provide
23 reimbursement in addition to the reimbursement
24 under paragraph (1) to health care providers that
25 achieve measures (as established by the Secretary in

1 consultation with health care professionals and
 2 groups representing eligible individuals) of health
 3 care quality. The Secretary shall ensure that such
 4 measures include measures of appropriate use of
 5 health information technology.

6 “(e) APPLICATION OF BENEFICIARY PROTEC-
 7 TIONS.—The Secretary shall provide for protections of
 8 beneficiaries under the program under this title that are
 9 not less than the beneficiary protections provided under
 10 title XVIII, including appeal rights and limitations on bal-
 11 ance billing.

12 **“SEC. 2204. CHOICE OF COVERAGE UNDER PRIVATE**
 13 **HEALTH CARE DELIVERY SYSTEMS.**

14 “(a) IN GENERAL.—The Secretary shall provide a
 15 process for—

16 “(1) the offering of private health plans for the
 17 provision of benefits under the program under this
 18 title; and

19 “(2) the enrollment, disenrollment, termination,
 20 and change in enrollment of eligible individuals in
 21 such plans.

22 “(b) OFFERING OF PRIVATE HEALTH PLANS.—

23 “(1) IN GENERAL.—The Secretary shall enter
 24 into contracts with qualified entities for the offering
 25 of private health plans under the program under this

1 title. In entering into such contracts the Secretary
2 shall have the same authority that the Director of
3 the Office of Personnel Management has with re-
4 spect to health benefits plans under FEHBP.

5 “(2) REQUIREMENTS.—The Secretary shall not
6 enter into such a contract for the offering of a pri-
7 vate health plan under the program under this title
8 unless at least the following requirements are met:

9 “(A) BENEFITS AS GOOD AS YOUR CON-
10 GRESSMAN GETS.—Benefits under such plans
11 are not less than the benefits offered to Mem-
12 bers of Congress and Federal employees under
13 FEHBP. Such plans may provide health bene-
14 fits in addition to such required benefits and
15 may impose a premium for the provision of ben-
16 efits. Such plans may not provide for financial
17 payments or rebates to enrollees.

18 “(B) BENEFICIARY PROTECTIONS.—En-
19 rollees in such plans have beneficiary protec-
20 tions that are not less than the beneficiary pro-
21 tections applicable under this title to individuals
22 not so enrolled and shall include beneficiary
23 protections applicable under both FEHBP and
24 part C of title XVIII.

1 “(C) OTHER ADMINISTRATIVE REQUIRE-
2 MENTS.—The plans are subject to such require-
3 ments relating to licensure and solvency, protec-
4 tion against fraud and abuse, inspection, disclo-
5 sure, periodic auditing, and administrative oper-
6 ations and efficiencies as the Secretary identi-
7 fies, taking into account similar requirements
8 under FEHBP and part C of title XVIII.

9 “(c) ANNUAL OPEN ENROLLMENT.—The process
10 under subsection (a)(2) shall provide for an annual open
11 enrollment period in which individuals may enroll, and
12 change or terminate enrollment, in private health plans
13 in a manner similar to that provided under FEHBP as
14 of January 1, 2006.

15 “(d) PAYMENT TO PRIVATE HEALTH PLANS.—

16 “(1) IN GENERAL.—In the case of an individual
17 enrolled in a private health plan under this section
18 for a month, the Secretary shall provide for payment
19 of an amount equal to $\frac{1}{12}$ of the annual per capita
20 amount (described in paragraph (2), as adjusted
21 under paragraph (3)).

22 “(2) ANNUAL PER CAPITA AMOUNT.—The an-
23 nual per capita amount under this paragraph shall
24 be the annual average per capita cost of providing
25 benefits under the program under this title (includ-

1 ing both individuals enrolled and not enrolled under
2 private health plan), as computed by the Secretary
3 based on rules similar to the rules described in sec-
4 tion 1876(a)(4).

5 “(3) RISK-ADJUSTMENT.—In making payment
6 under this subsection, the Secretary shall apply risk
7 adjustment factors similar to those applied to pay-
8 ments to Medicare Advantage organizations under
9 section 1853, except that the Secretary shall ensure
10 that payments under this subsection are adjusted
11 based on such factors to ensure that the health sta-
12 tus of the enrollee is reflected in such adjusted pay-
13 ments, including adjusting for the difference between
14 the health status of the enrollee and individuals re-
15 ceiving benefits under the program under this title
16 who are not so enrolled. Payments under this sub-
17 section must, in aggregate, reflect such differences.

18 “(e) REQUIREMENTS FOR FEHBP CARRIERS.—
19 Each contract entered into or renewed under section 8902
20 of title 5, United States Code, shall require the carrier
21 to offer a plan under this section on similar terms and
22 conditions to the plan offered by the carrier under
23 FEHBP.

1 **“SEC. 2205. MEDICARE FOR ALL TRUST FUND.**

2 “(a) ESTABLISHMENT OF TRUST FUND.—There is
3 hereby created on the books of the Treasury of the United
4 States a trust fund to be known as the ‘Medicare for All
5 Trust Fund’ (in this section referred to as the ‘Trust
6 Fund’). The Trust Fund shall consist of such gifts and
7 bequests as may be made as provided in section 201(i)(1),
8 and such amounts as may be deposited in, or appropriated
9 to, such fund as provided in this part.

10 “(b) TRANSFERS TO TRUST FUND.—There are here-
11 by appropriated to the Medicare for All Trust Fund, out
12 of any moneys in the Treasury not otherwise appropriated,
13 amounts equivalent to—

14 “(1) the taxes received in the Treasury under
15 sections 1401(c), 3101(c), and 3111(c) of the Inter-
16 nal Revenue Code of 1986;

17 “(2) such portion of the taxes received in the
18 Treasury under section 3201 as are attributable to
19 the rate specified in section 3101(c) of such Code;

20 “(3) such portion of the taxes received in the
21 Treasury under section 3211 of such Code as are at-
22 tributable to the sum of the rates specified in section
23 3101(c) and 3111(c) of such Code; and

24 “(4) such portion of the taxes received in the
25 Treasury under section 3221 as are attributable to
26 the rate specified in section 3111(c) of such Code.

1 The amounts appropriated by the preceding sentence shall
2 be transferred from time to time from the general fund
3 in the Treasury to the Trust Fund, such amounts to be
4 determined on the basis of estimates by the Secretary of
5 the Treasury of the taxes, specified in the preceding sen-
6 tence, paid to or deposited into the Treasury, and proper
7 adjustments shall be made in amounts subsequently trans-
8 ferred to the extent prior estimates were in excess of or
9 were less than the taxes specified in such sentence.

10 “(c) INCORPORATION OF PROVISIONS.—

11 “(1) IN GENERAL.—Subject to paragraph (2),
12 subsections (b) through (i) of section 1817 shall
13 apply with respect to the Trust Fund and this title
14 in the same manner as they apply with respect to
15 the Federal Hospital Insurance Trust Fund and
16 part A of title XVIII, respectively.

17 “(2) MISCELLANEOUS REFERENCES.—In apply-
18 ing provisions of section 1817 under paragraph
19 (1)—

20 “(A) any reference in such section to ‘this
21 part’ is construed to refer to this title;

22 “(B) any reference to taxes referred to in
23 subsection (a) of such section shall be construed
24 to refer to the taxes referred to in subsection
25 (b) of this section; and

1 “(C) the Board of Trustees of the Medi-
2 care for All Trust Fund shall be the same as
3 the Board of Trustees of the Federal Hospital
4 Insurance Trust Fund.

5 **“SEC. 2206. ADMINISTRATION.**

6 “Except as otherwise provided in this title—

7 “(1) the Secretary shall enter into appropriate
8 contracts with providers of services, other health
9 care providers, and medicare administrative contrac-
10 tors, taking into account the types of contracts used
11 under title XVIII with respect to such entities, to
12 administer the program under this title;

13 “(2) benefits described in section 2203 that are
14 payable under the program under this title to such
15 individuals shall be paid in a manner specified by
16 the Secretary (taking into account, and based to the
17 greatest extent practicable upon, the manner in
18 which they are provided under title XVIII); and

19 “(3) provider participation agreements under
20 title XVIII shall apply to enrollees and benefits
21 under the program under this title in the same man-
22 ner as they apply to enrollees and benefits under the
23 program under title XVIII.”.

24 (b) CONFORMING AMENDMENTS TO SOCIAL SECU-
25 RITY ACT PROVISIONS.—

1 (1) Section 201(i)(1) of the Social Security Act
2 (42 U.S.C. 401(i)(1)) is amended—

3 (A) by striking “or the Federal Supple-
4 mentary ” and inserting “the Federal Supple-
5 mentary”; and

6 (B) by inserting “or the Medicare for All
7 Trust Fund” after “such Trust Fund”).

8 (2) Section 201(g)(1)(A) of such Act (42
9 U.S.C. 401(g)(1)(A)) is amended by striking “and
10 the Federal Supplementary Medical Insurance Trust
11 Fund established by title XVIII” and inserting “,
12 the Federal Supplementary Medical Insurance Trust
13 Fund established by title XVIII, and the Medicare
14 for All Trust Fund established under title XXII”.

15 (c) MAINTENANCE OF MEDICAID ELIGIBILITY AND
16 BENEFITS.—In order for a State to continue to be eligible
17 for payments under section 1903(a) of the Social Security
18 Act (42 U.S.C. 1396b(a)) the State may not reduce stand-
19 ards of eligibility or benefits provided under its State Med-
20 icaid plan under title XIX of the Social Security Act below
21 such standards of eligibility and benefits in effect on the
22 date of the enactment of this Act.

23 **SEC. 3. FINANCING THROUGH EMPLOYMENT TAX.**

24 (a) TAX ON EMPLOYEES.—Section 3101 of the Inter-
25 nal Revenue Code of 1986 is amended by redesignating

1 subsection (c) as subsection (d) and by inserting after sub-
 2 section (b) the following new subsection:

3 “(c) MEDICARE FOR ALL.—In addition to other
 4 taxes, there is hereby imposed on the income of every indi-
 5 vidual a tax equal to 1.7 percent of the wages (as defined
 6 in section 3121(a)) received by him with respect to em-
 7 ployment (as defined in section 3121(b)).”.

8 (b) TAX ON EMPLOYERS.—Section 3111 of such
 9 Code is amended by redesignating subsection (c) as sub-
 10 section (d) and by inserting after subsection (b) the fol-
 11 lowing new subsection:

12 “(c) MEDICARE FOR ALL.—In addition to other
 13 taxes, there is hereby imposed on every employer an excise
 14 tax, with respect to having individuals in his employ, equal
 15 to 7 percent of the wages (as defined in section 3121(a))
 16 paid by him with respect to employment (as defined in
 17 section 3121(b)).”.

18 (c) TAX ON SELF-EMPLOYMENT.—Section 1401 of
 19 such Code is amended by redesignating subsection (c) as
 20 subsection (d) and by inserting after subsection (b) the
 21 following new subsection:

22 “(c) MEDICARE FOR ALL.—In addition to other
 23 taxes, there shall be imposed for each taxable year, on the
 24 self-employment income of every individual, a tax equal
 25 to the applicable percent of the self-employment income

1 for such taxable year. For purposes of the preceding sen-
 2 tence, the applicable percent is a percent equal to the sum
 3 of the percent described in section 3101(c) plus the per-
 4 cent described in section 3111(c).”.

5 (d) RAILROAD RETIREMENT TAX.—

6 (1) TAX ON EMPLOYEES.—Section 3201(a) of
 7 such Code is amended by striking “subsections (a)
 8 and (b) of section 3101” and inserting “subsections
 9 (a), (b), and (c) of section 3101”.

10 (2) TAX ON EMPLOYEE REPRESENTATIVES.—
 11 Section 3211(a) of such Code is amended by striking
 12 “subsections (a) and (b) of section 3101 and sub-
 13 sections (a) and (b) of section 3111” and inserting
 14 “subsections (a), (b), and (c) of section 3101 and
 15 subsections (a), (b), and (c) of section 3111”.

16 (3) TAX ON EMPLOYERS.—Section 3221(a) of
 17 such Code is amended by striking “subsections (a)
 18 and (b) of section 3111” and inserting “subsections
 19 (a), (b), and (c) of section 3111”.

20 (4) DETERMINATION OF CONTRIBUTION
 21 BASE.—Clause (iii) of section 3231(e)(2)(A) is
 22 amended to read as follows:

23 “(iii) HOSPITAL INSURANCE AND
 24 MEDICARE FOR ALL TAXES.—Clause (i)
 25 shall not apply to—

1 “(I) so much of the rate applica-
 2 ble under section 3201(a) or 3221(a)
 3 as does not exceed the sum of the
 4 rates of tax in effect under sub-
 5 sections (b) and (c) of section 3101,
 6 and

7 “(II) so much of the rate applica-
 8 ble under section 3211(a) as does not
 9 exceed the sum of the rates of tax in
 10 effect under subsections (b) and (c) of
 11 section 1401.”.

12 (e) APPLICATION OF TAX TO FEDERAL, STATE, AND
 13 LOCAL EMPLOYMENT.—Paragraphs (1) and (2) of section
 14 3121(u) and section 3125(a) of such Code are each
 15 amended by striking “sections 3101(b) and 3111(b)” and
 16 inserting “subsections (b) and (c) of section 3101 and sub-
 17 sections (b) and (c) of section 3111”.

18 (f) CONFORMING AMENDMENTS.—

19 (1) Section 1402(a)(12)(B) of such Code is
 20 amended by striking “subsections (a) and (b) of sec-
 21 tion 1401” and inserting “subsections (a), (b), and
 22 (c) of section 1401”.

23 (2) Section 3121(q) of such Code is amended
 24 by striking “subsections (a) and (b) of section

1 3111” and inserting “subsections (a), (b), and (c) of
2 section 3111”.

3 (3) The last sentence of section 6051(a) of such
4 Code is amended by striking “sections 3101(c) and
5 3111(c)” and inserting “sections 3101(d) and
6 3111(d)”.

7 (g) EFFECTIVE DATE.—The amendments made by
8 this section shall apply to wages paid and self-employment
9 income derived on or after January 1 of the year following
10 the date of the enactment of this Act.

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